

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

11940

3340

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 13 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital				d. STREET ADDRESS (If rural, give location) 4260a West Finney Avenue			
3. NAME OF DECEASED (Type or Print) Emma		a. (First)		b. (Middle) Bell		c. (Last) McGhee	
4. DATE OF DEATH March 26, 1953		5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH March 1, 1902		9. AGE (In years last birthday) 51		10. MONTHS 0		11. DAYS 25	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (State or foreign country) Gibson, Tennessee		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Allan Draper		13b. MOTHER'S MAIDEN NAME Eliza Flowers		14. NAME OF HUSBAND OR WIFE John McGhee			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME John McGhee, 4260a W. Finney Avenue.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction							
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H 201			
22. I hereby certify that I attended the deceased from 3/26/53 , 19__, to 3/26/53 , 19__, that I last saw the deceased alive on 3/26/53 , 19__, and that death occurred at 6 p. m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Charles J. Gates</i>		(Degree or title) MD		23b. ADDRESS 3100a Lucas Ave.		23c. DATE SIGNED 3/27/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3/30/53		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. MAR 30 1953		REGISTRAR'S SIGNATURE <i>Charles J. Gates</i>		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates, 4107 Finney Ave.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Signed
Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 7

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.